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ABSTRACT

The general purpose of this paper is to illustrate how social psychological perspectives on the self can enhance a clinical understanding of client problems and psychotherapy. This discussion, which bridges two highly divergent strands of literature, points out the value of complementing clinically derived theory with more rigorously researched social psychological constructs. Specifically, Kohut's self psychology and the treatment of narcissistic personality disorders are described. Two areas of social psychological theory are presented with interesting links to Kohut's work: the Self-Esteem Maintenance Model (Tesser & Campbell, 1983) and strategic self-presentation (Friedlander & Schwartz, 1985; Jones & Pittman, 1982; Tedeschi & Norman, 1985). References are included. (Author)

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The Phenomenal Self, Strategic Self-Presentation, and Kohut's Self Psychology

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Abstract

The general purpose of this paper is to illustrate how social psychological perspectives on the self can enhance a clinical understanding of client problems and psychotherapy. This discussion, which bridges two highly divergent strands of literature, points out the value of complementing clinically derived theory with more rigorously researched social psychological constructs.

Specifically, Kohut's self psychology and the treatment of narcissistic personality disorders is described. Two areas of social psychological theory are presented with interesting links to Kohut's work: the Self-Esteem Maintenance Model (Tesser & Campbell, 1983) and strategic self-presentation (Friedlander & Schwartz, 1985; Jones & Pittman, 1982; Tedeschi & Norman, 1985).

The Phenomenal Self, Strategic Self Presentation, and Kohut's Self Psychology

In the Greek myth of Narcissus, a boy's fascination with his reflected image leads to his metamorphosis into a flower. The mirror is an apt metaphor for the duality of the self--as subject and as object. Standing in front of a mirror, I am both perceiver and perceived (Greenwald, 1982).

Actual mirrors have long been used by social psychologists in empirical research on the self (e.g., Duval & Wicklund, 1972). Indeed, in recent years the study of the self has gained respectability among social psychologists because its "cognitivization" has allowed them to move away from strict S-R models of behaviorism (McAdams, 1985).

Curiously, social psychologists' blossoming interest in the self contains some startling resemblances to psychoanalytic thought (McAdams, 1985), especially the late Heinz Kohut's (1971, 1977, 1984) self psychology. For example, in self psychology "mirroring" is a key construct that describes the empathic bond between parent and child (and between therapist and client). Mirroring permits a cohesive sense of self to emerge so that the child learns to behave independently and creatively in life.

My purpose today is to illustrate how various social psychological perspectives on the self can enhance our understanding of clients' problems and the psychotherapeutic process. My focus is Kohut's theoretical contributions to the understanding and treatment of narcissistic personality disorders. Both social psychological work on the self and Kohutian ideas about normal and pathological narcissism--highly divergent strands of literature--have gained tremendous momentum in the last five to ten years. Yet no attempts have been made to link the two, despite some striking parallels. This state of affairs may be because, in Kohut's terms, social psychologists operate from an experience-distant perspective (that is, using hypothetic-deductive theoretical models and empirical tests), whereas self psychologists' work is experience-near (that is, coming from what they call "vicarious introspection").

An adequate account of Kohut's work would take me well beyond my time limit today. (For a well written, concise introduction to self psychological theory I refer you to Patton and colleagues' 1982 JCP article and to Edwin Kahn's 1985 American Psychologist paper comparing Kohut and Carl Rogers. Another excellent resource on the topic is Richard Chessick's 1985 book entitled Psychology of the self and the treatment of narcissism.) I will, however, outline some of the major aspects of self psychology in order to illustrate how this clinically derived theory is complemented by some rigorously researched social psychological models.

Briefly, then, Kohutian (1971, 1977, 1984) psychology posits the self as the center of personality. Theoretically, a fragile

self gradually becomes consolidated in infancy as a result of the parents' continual mirroring or empathizing--understanding and approving--the infant's normal tendencies toward idealization and grandiosity. More specifically, the self has three major aspects that reflect basic human needs for exhibitionism, idealization, and twinship. The maturation of these needs constitutes healthy development and a cohesive "self."

First, the exhibitionistic, grandiose aspect of the self is shored up when empathic significant others (called "selfobjects" by Kohut) echo, reflect, and admire the child's proud display of achievements. The selfobject's continual approval ("the gleam in the mother's eye") gradually becomes internalized as the child's own self-esteem, feelings of vitality, and ambitiousness.

Second, the self develops ideals, values, and principles and a capacity for self-soothing when a strong, calming selfobject allows the child to idealize him or her as an all-powerful influence.

Third, the cohesive self may have alterego or twinship needs, that is, to be close to another person who is seen as alike. The comparison process allows the self to share skills, talents, and experiences with a good selfobject even if mirroring and idealization needs have gone unfulfilled.

Kohut (1971) emphasized the importance of grandiosity, exhibitionism, and idealization in normal development. Normally, mirroring selfobjects are attuned and available to the growing child. Inevitably, however, the selfobject is at times unavailable or unempathic, leading the child to experience frustration. This frustration is manageable because the child learns, by internalizing the selfobject, to regulate his or her own self-esteem and to self-soothe in the face of stress. When, on the other hand, the child's selfobjects are not sufficiently empathic and available, this natural internalization process is impeded. The self can lose its cohesion and become fragmented. Eventually, the adult is unable to self-soothe or to regulate his or her self-esteem when events are frustrating and stressful. The adult self is excessively vulnerable to injury, leading to a lifestyle of protective withdrawal or escape, to hostile aggressiveness and rage reactions, to abnormal sexual practices, to eating disorders, or to substance abuse. Feelings of inner emptiness, self-hate, shame, and depression predominate.

In treating these narcissistically vulnerable clients, the therapist's gradual strengthening of the self structure is crucial. how does this occur? Basically, the empathic therapist shows understanding for the client's needs for mirroring, idealization, and twinship. Working intensively in this way, the therapist allows three overlapping types of transference to develop, reflecting the three constituent aspects of the self. In the mirror transference, the client insists on continuous empathy from the therapist. In the idealizing transference, the client sees the

therapist as all-powerful and soothing. In the twinship transference, the client insists that the therapist is identical to him or her in every respect. When minor lapses of empathy occur--most notably during the therapist's vacations--the client may react with indignant rage because the therapist's lapse recapitulates the childhood traumas with an unempathic, unavailable parent. But as the client's mirroring, idealizing, and twinship demands gradually emerge in treatment and are understood rather than condemned by the therapist, the client's normal drive to mature independently is reinstated. This internalization process leads to a secure sense of self-esteem, to ambitiousness, assertiveness, to an unfreezing of talents and skills, to an ability to self-soothe, and to the development of healthy values, ideals, and principles.

Mirroring was not original to Kohut. In 1890, William James assimilated the earlier work of philosophers Descartes, Hume, and others when he distinguished between the self as subject (I) and as object (me). In 1902, Cooley proposed a "looking-glass self" to describe the developing self-concept. Cooley wrote: "The looking glass self, the social self, arises reflectively in terms of reactions to the opinions of others on the self. A self idea of this sort seems to have three principal elements: The imagination of his judgment of that appearance and some sort of self feelings, such as pride or mortification" (p. 159). These ideas were expanded by Mead in 1934, who took the "I" and "me" as givens. Mead proposed that the self develops as a result of one's relations to the "generalized other." The reactions and expectations of important others are templates for the individual's behavior. Mead pointed out that, unassisted, the child lacks an innate ability to externalize his or her point of view. The child can, however, establish an empathic relation with another. By doing so, the child can see himself or herself through the eyes of that person. This causes the self to come into being.

Present day social psychologists have conceptualized the self from a variety of perspectives--as a central structure, a schema, a hierachical category structure, an unordered collection of features, a prototype, an associative network, and a multidimensional space (Salovey & Rodin, 1985). While it is beyond the scope of this paper to review all the relevant work on the phenomenal self in social psychology, I will describe two areas of theory and research with interesting links to Kohut's work.

One line of research concerns the development and maintenance of self-esteem. The Self-Esteem Maintenance Model (SEM) of Tesser and Campbell (1983) assumes that because people are motivated to maintain a positive self-evaluation they will behave in predictable ways. If a situation promises inevitable losses to self-esteem, the person will act to minimize that loss. Conversely, if a situation promises to increase self-esteem, the person will act to maximize it.

In the SEM model, two dynamic complementary processes influence fluctuations in self-evaluation. These two processes, reflection

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and comparison, are reminiscent of Kohut's ideas about mirroring, twinship, and idealization. Reflection is a process which allows one to "raise (one's) own self-evaluation by pointing out the outstanding accomplishments of others" (Tesser & Campbell, 1983, p. 5). According to Tesser and Campbell, reflection has its roots in the empathic responding that is experienced in infancy. Later on, when the child's unique sense of self develops, the second process, that of comparison, comes into play. Comparison processes threaten self-esteem when one is closely associated with someone else who performs well. One's own performance "looks bad by comparison." Three variables--the "psychological closeness" of the other person, the quality of his or her performance, and the relevance of that performance for one's self-definition--influence the fluctuation of self-evaluation. That is, "a close association with a good performing other can raise self-evaluation (via reflection) and can lower self-evaluation (via comparison)" (Tesser & Campbell, 1983, p. 6).

A considerable amount of research on the SEM model has resulted in consistent evidence that people low in self-esteem tend to engage more often in self-evaluation maintaining (SEM) behaviors than do people who are generally high in self-esteem. This theory and its supporting evidence seem clearly relevant to the narcissistic client who is constantly on the lookout for ways to bolster a fragile self.

What are some characteristic SEM behaviors? Take the hypothetical case of Jim. To raise his self-esteem, Jim can "bask in the reflected glory" of a close other's nonthreatening success. But if the other person's performance is relevant to Jim's self-definition, Jim can maintain his self-esteem by distancing from that person, by devaluing the relevance of the other person's performance, by re-evaluating its quality, by interfering with it, or by distorting the quality of his own performance.

These maneuvers may be familiar to therapists who work with narcissistic clients such as Jim. In SEM language, Jim's self-evaluation may be poor because he has no close associates in whose reflected glory he can bask. In Kohut's language, no selfobject is available or deemed worthy of Jim's idealization. In SEM terms, Jim may have learned to engage in self-evaluation maintaining behaviors by continually finding himself in comparison situations with inevitable losses to his self-esteem. In Kohut's terms, Jim has an unresponsive environment with no selfobject to validate his achievements or to be available to meet his idealization or twinship needs. In SEM terms, Jim may use distancing or may distort the quality of his own performance to minimize self-evaluation losses. In Kohut's words, Jim responds with withdrawal or pompous grandiosity in the face of narcissistic injury.

The narcissistic client's relations with others naturally carry over to the therapeutic situation. This brings us to a second relevant line of social psychological research, that of strategic self-presentation. Goffman (1959, 1967) was the

inspiration for theory and research on the other's reflection of the self. Goffman suggested that people adopt short-term selves, put them on as roles, and then shed them. People are actors in a drama, and the drama's roles dictate the emergence of situation-specific behaviors.

Recently, Gary Schwartz and I (1985) advanced an application of strategic self-presentation to the psychotherapeutic process. We proposed that clients typically seek professional help when they feel pressure to modify the phenomenal self because of image-threatening predicaments. The self-presentational tactics that clients use with significant others are assumed inevitably to carry over to the therapeutic situation. Indeed, a primary therapeutic goal common to most approaches is to modify clients' self-presentations both with the therapist and with others (Strong & Claiborn, 1982) and thereby raise self-esteem.

This model of the therapeutic process, drawn from a substantial body of theory and research on impression management (e.g., Jones & Pittman, 1982; Tedeschi & Norman, 1985), has some interesting parallels to the process of treatment according to self psychologists. We proposed five major strategies that clients use to avoid blame or to seek approval or credit from the therapist. First, clients can engage in facework (excuses, justification, self-handicapping) in order to arouse feelings of empathy in the therapist. Second, clients can engage in supplication in order to arouse soothing, nurturing, take-charge responses in the therapist. Third, clients can engage in ingratiation (such as flattering) in order to arouse feelings of liking and affection in the therapist. These first three tactics may be indicators of either a mirroring or idealizing transference, in Kohut's terms. The other two strategies, self-promotion and intimidation, may be indicators that the client has experienced a significant narcissistic injury as a result of the therapist's lapse in empathy.

Further elaboration of these ideas is needed, of course. There are also a number of other strands of social psychological research on the self that have promising links to Kohut's clinically derived theory. Some interesting avenues for exploration include Markus and Sentis' (1982) work on the self in social perception, Wicklund's (1982) work on self-awareness, Snyder and Campbell's (1982) self-monitoring, Salovey and Rodin's (1985) work on self-cognitions and emotions, Swann's (1985) work on self-verification processes, Kuiper, MacDonald, and Derry's (1985) work on depressive self-schemas, C. R. Snyder (1985) and others' work on self-deception, and Dion and Dion's (1985) work on the role of the self-esteem in romantic love.

Hopefully, my illustration of the links between solid theoretical and empirical work in social psychology and clinically derived understanding of clients has demonstrated the value of such integrations for counseling psychologists.

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